	PAICHIA	Effect	ive Octobe							09/	882	177		
CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			ΰ;					RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	Basic Fee	710.00	
TOTAL CHARGEABLE CLAIMS			iminus 20=		1			X\$ 9	II	·	OR	X\$18=	, <i>i</i>)	
ND	EPENDENT CL	AIMS	ं minus 3 =		6			X40	-		OR	X80=)	
MULTIPLE DEPENDENT CLAIM PRESENT								+135	=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	T.		OR	TOTAL	131	
CLAIMS AS AMENDED - PART II								SMA	LL I	ENTITY	OR	OTHER SMALL	THAN	
	The state of	(Column 1)			mn 2) (EST	(Column 3)	1			ADDI-	1		ADDI-	1
MENDMENT A		REMAINING AFTER AMENDMENT		PREVI	ABER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL		RATE	TIONAL FEE	200
	Total	. 24	Minus	. 6	21	-3/		X\$ 9	II.		OR	5° X\$ 18=	150	
MEN	Independent	· 3	Minus	***		=		X40	±		OR	250 X80≡		
⋖ —	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	+135	i.e		OR	+270=		li
									TAL			TOTAL		13
ADDIT. FEE OR ADDIT. FEE											1			
8	17-05	(Column 1)			IMN 2)	(Column 3	4				1	·	100	
AMENOMENT B		REMAINING AFTER AMENDMENT		NUI PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
IOME	Total	. 24	Minus	••	24]	XS !	}=		OR	X\$18=		
MEN	independent	. 3.	Minus		13	<u> - </u>]	X40)=		OR	X80=		1
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIN		J	+13	5=		OR	+270=		1
								ADDIT.	TAL		OR	TOTAL ADDIT, FEE		1
		(Column 1)		(Cot	umn 2)	(Column 3	3)	ADDIT.	, ,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
No.	Total	- Americanical	Minus		- :	=	7	XS			OR	X\$18=		1
REN	Independent		Minus			=	1	X40		 	OR	V00-	1	1
٢	FIRST PRESE	NTATION OF N	AULTIPLE DE	PENDE	NT CLAIR	4 🕕	J	-			┧╙╹	·	1	1
	Il the enter is set	rma t je lace than	the entry in mi	umn 2 w	rite "O" in c	ostumn 3.		+13		<u> </u>	OR	TOTAL		4
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE OR TOTAL ADDIT, FEE											4			
-	The Highest Nu	imber Previously P mber Previously P	aid For (Total	or Indepe	nden!) is f	he highest num	aber t	lound in 1	he a	ppropriate b	ox in c	olumn 1.		I
												FPARTMENT (إ

Application or Docket Number

HECEIVED FAX NO. 8602860115 CENTRAL FAX CENTER 02

1 }	MENT TRANSMIT IOMAS I., CINDIN ET	Docket No. POU920010018US1									
Application No. Filing Date 09/862,797 05/22/2001		Examinor L. SON	Customer 46429	No.	Group Art Unit	Confirmation No.					
Invention: PASSWORD EXPOSURE ELIMINATION FOR DIGITAL SIGNATURE COUPLING WITH A HOST . IDENTITY											
COMMISSIONER FOR PATENTS:											
Transmilled herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.											
		CLAIMS AS AN	ENDED								
	CLAIMS REMAINING	HIGHEST#	NUMBER EXTRA			ADDITIONAL					
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS PRESENT		RATE	FEG					
TOTAL CLAIMS	24 -	24 =	0	x	\$50.00	\$0.00					
INDEP. CLAIMS	3 -	3 =	0	x	\$200.00	\$0.00					
Multiple Dopendent Claims (check if applicable) \$0,											
	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00										
Please charge Deposit Account No. In the amount of A check in the amount of The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 Any additional filing fees required under 37 C.F.R. 1.16. Jany patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: August 17, 2005 It hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postago as first class mail in an envelope addressed to "Commissioner for Patents, Bluomifield, CT 06002											
860-286-2929 			(Date)		eeson Mailing Corn						
			Typed or Printed Name of Person Mailing Correspondence								